

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | |
|--|-----------------------------------|---|----------------|---------------|--|
| 1 Date of Request: <u>4/5/04</u> | | 2 Serial/Patent # <u>10/685,186</u> | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | |
| <input type="checkbox"/> | Filing | | | \$ | |
| <input type="checkbox"/> | Amendment | | | \$ | |
| <input type="checkbox"/> | Extension of Time | | | \$ | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | |
| <input checked="" type="checkbox"/> | Petition | | <u>2/06/04</u> | \$ 130 | |
| <input type="checkbox"/> | Issue | | | \$ | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | |
| <input type="checkbox"/> | Maintenance | | | \$ | |
| <input type="checkbox"/> | Assignment | | | \$ | |
| <input type="checkbox"/> | Other | | | \$ | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>130</u> | |
| | | 8 TO BE REFUNDED BY: | | | |
| 10 REASON: | | <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Overpayment Credit Deposit A/C #: <u>50--0392</u> <input type="checkbox"/> Duplicate Payment <input checked="" type="checkbox"/> No Fee Due (Explanation): <p><i>Postcard proves allegedly omitted drugs present on day 1. Refund pet fee.</i></p> | | | |
| 11 REFUND REQUESTED BY: | | TYPED/PRINTED NAME: <u>E. Shirene Willis</u> SIGNATURE: <u>E. Shirene Willis</u> OFFICE: <u>Office of Petitions</u> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** APPROVED: <u>Olivia Kelly</u> DATE: <u>4-8-04</u> | | | |
| TITLE: <u>Pat Attorney</u> PHONE: <u>308-6712</u> | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B